

*Section: Preliminary studies in Positive Psychotherapy (PPT)***Psychological Support for Ukrainian Veterans Through the Method of Positive Psychotherapy****Olena Ihnatovych**

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Abstract

The present study examines the effectiveness of Positive Psychotherapy (PPT) in supporting psychological recovery among Ukrainian veterans. Using a mixed-methods approach, 62 veterans participated in an eight-week PPT group intervention, which followed the five-stage model: Observation and Distance, Inventory, Situational Encouragement, Verbalization, and Expansion of Goals. Quantitative measures included the Wiesbaden Inventory for Positive Psychotherapy and Family Therapy (WIPPF), the Balance Questionnaire, the Connor–Davidson Resilience Scale (CD-RISC-25), and the Satisfaction with Life Scale (SWLS). Qualitative data were collected through semi-structured interviews.

Results demonstrated significant improvements in primary actual capacities, particularly patience and trust, alongside positive shifts in participants' interpersonal tolerance (treated as an attitudinal indicator rather than a distinct PPT capacity). Participants also showed enhanced life balance across the body, achievement, contact, and fantasy domains, increased resilience and life satisfaction, and reduced intrapsychic conflict. Thematic analysis revealed experiences of meaning reconstruction, restored trust and emotional openness, and reintegration of previously neglected life domains. These findings highlight the alignment of empirical outcomes with core PPT constructs, including actual capacities and conflict transformation.

These results support the application of PPT as a culturally sensitive, strengths-based intervention for veterans, offering a replicable framework for fostering holistic well-being, resilience, and posttraumatic growth. The study contributes to the empirical validation of PPT and its adaptation for post-conflict rehabilitation contexts.

Keywords: Positive Psychotherapy, actual capacities, balance model, resilience, posttraumatic growth, Ukrainian veterans

Introduction

The psychological consequences of armed conflict extend far beyond the battlefield. Veterans returning from war often face a complex spectrum of emotional, behavioral, and existential difficulties, including posttraumatic stress disorder (PTSD), depression, anxiety, and loss of social and personal meaning. In Ukraine,

the ongoing full-scale war has led to a dramatic increase in the number of veterans who require psychological rehabilitation and reintegration into civilian life. Despite the growing network of support services, there remains a pressing need for evidence-based and culturally appropriate interventions that emphasize personal strengths, resilience, and the reconstruction of meaning rather than solely focusing on pathology or

trauma symptoms.

Positive Psychotherapy (PPT), developed by Nossrat Peseschkian in the late 1960s and 1970s, is a humanistic, transcultural approach that focuses on developing actual capacities – the positive qualities inherent in each individual that can be activated even under crisis conditions. Unlike symptom-centered modalities, PPT views conflict as an opportunity for growth and self-discovery. Through its central Balance Model, which includes the four areas of body, achievement, contact, and fantasy, PPT provides a structured framework for understanding how individuals allocate their energy and values across various spheres of life. Disruptions in this balance, often triggered by trauma, can lead to intrapsychic conflicts, while therapeutic work aims to restore harmony among these dimensions (Peseschkian, 1987).

Contemporary studies confirm that PPT has broad applicability across cultures and clinical populations. Christ et al. (2021) demonstrated its effectiveness in restoring balance and well-being in individuals with depression and stress-related conditions. Kirillov et al. (2023) found that primary capacities such as hope, love, and faith act as protective factors against stress and anxiety in crises. Eryilmaz and Şimşek (2022) explored self-control and its relation to the development of actual capacities within PPT structures, highlighting the model's relevance for emotional regulation. These studies underline that PPT's emphasis on strengths, meaning, and intercultural understanding makes it particularly suitable for populations experiencing identity disruption and moral injury, such as war veterans.

The Ukrainian context adds unique dimensions to this therapeutic challenge. Veterans often return to environments marked by social instability, economic hardship, and fragmented family systems. The need for interventions that foster meaning reconstruction, trust, and hope is therefore paramount. Previous trauma-focused approaches have primarily emphasized symptom reduction, while PPT offers a complementary, resource-oriented perspective that encourages clients to recognize their capacities, reinterpret conflicts, and rediscover purpose. The adaptability of PPT metaphors and cultural narratives also aligns well with Ukrainian traditions of resilience, community solidarity, and spiritual endurance, making it a culturally

resonant therapeutic model.

However, empirical research on the application of PPT with veterans remains limited. While the theoretical foundations and positive outcomes of PPT have been widely studied in various populations – patients with psychosomatic disorders, students, and individuals in crisis – its effectiveness in post-war rehabilitation contexts has not been sufficiently examined. This research seeks to address that gap by empirically evaluating the outcomes of an eight-week PPT-based group intervention among Ukrainian veterans.

The present study aims to empirically evaluate the effectiveness of Positive Psychotherapy (PPT) in enhancing psychological resilience and life satisfaction among Ukrainian veterans. Within the PPT framework, resilience is conceptualized as the dynamic activation of actual capacities in response to adversity. At the same time, life satisfaction reflects the restoration of balance across the four life spheres of the Balance Model. By examining changes in these indicators alongside actual capacities and intrapsychic conflict, the study seeks to demonstrate how PPT facilitates holistic recovery and posttraumatic growth in post-war contexts.

Methodology

2.1. Methodological Approach

This study employed a mixed-method design that combined quantitative and qualitative approaches to examine the psychological effects of Positive Psychotherapy (PPT) on Ukrainian veterans. The research followed a pretest–posttest quasi-experimental design without a control group, supported by a qualitative exploration of participants' subjective experiences. This design was chosen to provide both measurable evidence of psychological change and an in-depth understanding of veterans' meaning-making processes within the PPT framework. The study evaluated changes in actual capacities, life balance, and resilience following participation in an eight-week PPT group intervention.

Conceptual Status of Tolerance in the Present Study. Although tolerance is not conceptualized in Positive Psychotherapy as a primary or secondary actual capacity in the classical sense (Peseschkian, 1987), it appears in the Wiesbaden Inventory for Positive

Psychotherapy and Family Therapy (WIPPF) as an empirically derived interpersonal indicator reflecting attitudes of acceptance, flexibility, and openness in social interaction.

In the present study, tolerance is not treated as an actual capacity per se, but rather as an interpersonal attitudinal construct emerging from the activation and integration of several primary actual capacities, particularly patience, trust, and acceptance. Within the Positive Psychotherapy framework, such attitudinal indicators are understood as relational manifestations of capacity development rather than independent capacities.

Methodologically, tolerance was assessed using the corresponding WIPPF scale composed of items capturing participants' readiness to accept differences, manage interpersonal tension, and maintain respectful engagement in social relationships. The scale score was calculated according to the standard WIPPF scoring procedure as an aggregated indicator of interpersonal orientation.

Tolerance is presented in the results section alongside actual capacities for analytical clarity and comparative purposes, while its distinct conceptual status is explicitly acknowledged. Its inclusion serves to illustrate how the development of core actual capacities translates into observable relational attitudes relevant to veterans' psychosocial reintegration.

2.2. Sample

The study sample comprised 62 Ukrainian veterans (54 men and 8 women), aged 26-49 years ($M = 36.8$, $SD = 5.4$), who had returned from active military duty within the previous three years. Participants were recruited through veteran rehabilitation centers and non-governmental organizations in Kyiv and Lviv. Inclusion criteria included: completion of at least six months of military service in a combat zone; absence of acute psychosis, substance dependence, or severe cognitive impairment; and voluntary consent to participate.

Exclusion criteria included ongoing psychiatric hospitalization or unstable medical conditions. All participants provided informed consent, and the study adhered to ethical guidelines for psychological research, ensuring confidentiality and voluntary participation.

2.2. Measures

The assessment battery included standardized quantitative measures and a qualitative interview protocol consistent with the theoretical framework of Positive Psychotherapy. Actual capacities were assessed using the Wiesbaden Inventory for Positive Psychotherapy and Family Therapy (WIPPF), Ukrainian adaptation by Serdiuk and Otenko (2021). This instrument evaluates actual capacities reflecting personal resources, interpersonal attitudes, and intrapsychic dynamics within the Positive Psychotherapy model. Life balance was measured using the Balance Questionnaire based on Peseschian's (1987) Balance Model, which assesses perceived satisfaction and allocation of personal energy across four core life spheres: body, achievement, contact, and fantasy. Psychological resilience was assessed using the Connor–Davidson Resilience Scale (CD-RISC-25; Connor & Davidson, 2003), which measures individuals' ability to cope with stress, adapt to adversity, and recover from challenging experiences. Life satisfaction was measured using the Satisfaction With Life Scale (SWLS; Diener et al., 1985), a widely used instrument assessing individuals' global cognitive evaluation of their quality of life. Qualitative data were collected through semi-structured interviews designed to explore participants' subjective experiences of psychological change, meaning reconstruction, and the integration of Positive Psychotherapy principles during the intervention.

2.3. Procedure

All therapeutic sessions were conducted in person at the Psychological Counseling and Training Center of the Ivan Ziaziun Institute of Pedagogical and Adult Education of the National Academy of Educational Sciences of Ukraine. This format ensured direct interpersonal interaction and group dynamics, which are essential components of the Positive Psychotherapy model. The intervention followed the five-stage model of Positive Psychotherapy (Peseschian, 1987): observation and distance – facilitating self-reflection and normalization of symptoms through metaphors and stories; inventory – identifying personal strengths, capacities, and unresolved conflicts; situational encouragement – reinforcing adaptive coping behaviors and positive reinterpretation of challenges; verbalization – sharing emotional experiences

and reframing traumatic memories within a safe group context; and expansion of goals – developing long-term life goals and enhancing self-efficacy through action planning.

Each participant participated in eight 90-minute weekly sessions, led by certified Positive Psychotherapists trained by the Ukrainian Institute of Positive Psychotherapy. Group size ranged from 6 to 8 participants. Pre-assessment was conducted one week before the intervention, and post-assessment one week after completion.

Qualitative interviews were conducted individually and audio-recorded, focusing on participants' reflections on personal growth, emotional balance, and meaning transformation.

2.4. Data Analysis

Quantitative data were analyzed using IBM SPSS Statistics 27. Descriptive statistics, paired-sample t-tests, and effect sizes (Cohen's *d*) were calculated to assess pre–post differences in WIPPF, Balance Questionnaire, CD-RISC, and SWLS scores. Statistical significance was set at $p < .05$.

Qualitative data were analyzed using thematic analysis following the six-phase approach proposed by Braun and Clarke (2006), including familiarization with the data, initial coding, theme development, review, definition, and reporting. The identified themes were interpreted within the conceptual framework of Positive Psychotherapy, particularly with reference to the Balance Model and the concept of actual capacities.

2.5. Reliability and Validity

The reliability of quantitative measures was confirmed by internal consistency coefficients (Cronbach's α ranging from .78 to .91). Methodological triangulation – combining quantitative scores with qualitative insights – enhanced the validity and depth of the findings. Therapist supervision and session fidelity checklists ensured procedural consistency across groups.

Results

Quantitative Findings. Statistical analysis of pre- and post-intervention data revealed significant positive changes across several psychological indicators, confirming the effectiveness of the Positive Psychotherapy (PPT)

intervention in supporting Ukrainian veterans' psychological recovery and personal development.

Actual Capacities (WIPPF): The analysis indicated a notable increase in several primary actual capacities associated with emotional regulation, interpersonal trust, and adaptive coping following the eight-week intervention. The largest improvements were observed in the primary actual capacities of patience and trust, as well as in tolerance understood as an interpersonal relational quality (see Table 1). Although improvements in primary capacities (e.g., love, hope, faith) were less pronounced, post-intervention scores suggested a growing readiness for emotional openness and self-acceptance.

Balance Model Indicators: Using the Balance Questionnaire, participants demonstrated improved harmony across the four areas of life functioning – body, achievement, contact, and fantasy – which together constitute the holistic structure of PPT's Balance Model (Peseschkian, 1987). The most significant increases occurred in the contact and body spheres (see Table 2), suggesting improved psychosomatic awareness, communication, and interpersonal relationships. Moderate gains were also observed in achievement and fantasy, indicating a more balanced lifestyle and an increased capacity for future-oriented thinking and creativity.

Resilience and Life Satisfaction: Participants' resilience scores (CD-RISC-25) increased significantly from $M_1 = 58.2$ to $M_2 = 71.9$, and Satisfaction with Life Scale (SWLS) scores rose from $M_1 = 18.6$ to $M_2 = 22.4$ (see Table 3). These results confirm that participation in PPT not only reduced distress but also fostered posttraumatic growth through the activation of internal resources.

Reduction of Intrapsychic Conflict: WIPPF conflict indices showed a reduction of approximately 20% across participants, especially in conflicts related to control vs. submission and dependence vs. independence (see Table 3). This reflects the therapeutic process of reframing inner contradictions as opportunities for learning and meaning transformation – core to the PPT model of conflict resolution.

Collectively, the quantitative findings support both study hypotheses: (H1) PPT participation significantly enhances veterans' resilience and life satisfaction, and (H2) PPT reduces trauma-

related conflict intensity while strengthening adaptive capacities.

Qualitative Findings. Thematic analysis of post-intervention interviews yielded three overarching themes reflecting veterans' psychological transformation during the PPT process (see Table 4).

Rediscovery of Meaning and Values Participants described a renewed sense of personal purpose and moral orientation. Many reported that the storytelling and metaphor work characteristic of PPT helped them reinterpret traumatic memories through the lens of meaning, rather than victimization. One veteran stated: «Before therapy, my memories only brought pain; now I see them as proof of my strength». This theme aligns with the concept of actualization of capacities – transforming inner conflict into self-understanding and resilience.

Restoration of Trust and Emotional Openness Group sessions facilitated interpersonal closeness and empathy. Veterans reported that learning to share emotions within a safe environment allowed them to rebuild trust in others – a capacity often damaged by wartime experiences. Participants emphasized the therapeutic value of the Situational Encouragement and Verbalization stages, in which mutual support and positive feedback fostered a sense of belonging and acceptance.

Reestablishing Life Balance: Several veterans reflected on rediscovering balance across the four life spheres. They recognized that during military service, the «achievement» and «body» areas had dominated their lives, whereas «contact» and «fantasy» had been neglected. Through PPT's structured reflection and goal-setting, participants regained motivation to invest time in relationships, hobbies, and creative self-expression. This restoration of balance was often described as «a return to life» or «a reawakening of normality».

Integration of Quantitative and Qualitative Results. The convergence of quantitative improvements (see Tables 1–3) and qualitative insights (see Table 4) confirms the internal coherence of PPT's therapeutic logic. Statistically significant increases in patience, trust, and resilience correspond to veterans' reports of restored balance, renewed meaning, and enhanced interpersonal functioning. The five-stage PPT model proved effective in guiding participants from emotional distancing to active engagement and personal growth.

Overall, the results demonstrate that Positive Psychotherapy serves not merely as a method for symptom reduction but as a transformative framework promoting holistic recovery, identity reconstruction, and posttraumatic growth among Ukrainian veterans.

Table 1. Pre- and post-intervention scores on selected actual capacities and interpersonal indicators (WIPPF)

Capacity	Pre-test M (SD)	Post-test M (SD)	t(61)	p	Cohen's d
Patience	3.21 (0.74)	3.88 (0.69)	3.41	< .01	0.62
Trust	3.34 (0.77)	3.87 (0.71)	2.98	< .01	0.58
Tolerance	3.09 (0.80)	3.76 (0.73)	3.27	< .01	0.60
Love	3.45 (0.66)	3.73 (0.61)	1.89	.064	0.33
Hope	3.32 (0.70)	3.65 (0.65)	2.06	< .05	0.37
Faith	3.28 (0.73)	3.58 (0.70)	1.97	.053	0.35

Note. Patience, trust, love, hope, and faith are conceptualized as primary actual capacities within the theoretical framework of Positive Psychotherapy. Tolerance is presented as an interpersonal attitudinal indicator derived from WIPPF items and reflects relational manifestations of capacity activation rather than an independent actual capacity.

Table 1 presents the pre- and post-intervention scores on selected actual capacities as measured by the WIPPF. The data show significant increases in primary actual capacities such as patience and trust, as well as positive changes in tolerance, understood as an interpersonal attitude. These results indicate

enhanced adaptive coping, interpersonal openness, and emotional regulation among veterans. Although gains in other primary capacities (love, hope, faith) were smaller, the observed trends suggest a positive shift toward self-acceptance and engagement with life challenges.

Table 2. Changes in balance model spheres (balance questionnaire)

Life Sphere	Pre-test M (SD)	Post-test M (SD)	ΔM	t(61)	p
Body	2.91 (0.68)	3.52 (0.63)	+0.61	3.22	< .01
Achievement	3.08 (0.71)	3.53 (0.67)	+0.45	2.74	< .05
Contact	2.87 (0.75)	3.59 (0.70)	+0.72	3.66	< .01
Fantasy	2.64 (0.70)	3.01 (0.68)	+0.37	2.38	< .05

Note. Scores reflect perceived balance and satisfaction within each life sphere of the PPT Balance Model.

Table 2 illustrates changes in perceived balance across four life spheres: body, achievement, contact, and fantasy. Veterans reported the largest improvements in the contact and body spheres, reflecting improved interpersonal relationships and greater

psychosomatic awareness. Moderate gains in achievement and fantasy spheres indicate increased engagement in purposeful activities and creative or future-oriented thinking, demonstrating a holistic recovery consistent with the Balance Model of Positive Psychotherapy.

Table 3. Resilience, life satisfaction, and intrapsychic conflict indices (pre- and post-intervention)

Variable	Pre-test M (SD)	Post-test M (SD)	t(61)	p	Cohen's d
Resilience (CD-RISC-25)	58.2 (10.5)	71.9 (9.7)	5.63	< .001	0.90
Life Satisfaction (SWLS)	18.6 (5.2)	22.4 (4.9)	4.12	< .001	0.77
Intrapsychic Conflict Index	42.8 (9.1)	34.1 (8.6)	3.54	< .01	0.64

Note. Lower conflict scores indicate reduced internal tension and improved harmony between opposing tendencies (e.g., dependence ↔ independence).

Table 3 summarizes changes in resilience (CD-RISC-25), life satisfaction (SWLS), and intrapsychic conflict indices. Veterans experienced substantial increases in resilience and life satisfaction, along with a marked reduction in internal conflicts. These results

suggest that the PPT intervention strengthened veterans' psychological resources, promoted well-being, and facilitated the resolution of internal contradictions, consistent with the theoretical framework of actual capacities and conflict transformation.

Table 4. Summary of qualitative themes from post-intervention interviews

Theme	Description	Illustrative Quote
Rediscovery of Meaning and Values	Veterans reported reconstructing personal meaning and moral purpose through reflective dialogue and metaphors.	«Before therapy, my memories only brought pain; now I see them as proof of my strength».
Restoration of Trust and Emotional Openness	Participants experienced renewed ability to share emotions and connect with others, fostering group cohesion.	«I learned again to speak honestly – not just to my comrades but to my family».
Reestablishing Life Balance	Veterans described regaining harmony among work, relationships, and creativity, aligning with the Balance Model.	«Now I can plan my life, not just survive from one day to the next».

Table 4 presents the three major qualitative themes identified from post-intervention interviews: rediscovery of meaning and values, restoration of trust and emotional openness, and reestablishment of life balance. Illustrative quotes highlight participants' subjective experiences of personal growth, interpersonal reintegration, and holistic functioning. These findings complement the quantitative results,

providing evidence that PPT promotes both measurable psychological improvements and meaningful lived experiences of recovery among Ukrainian veterans.

Discussion

The results of this empirical study provide robust evidence that Positive Psychotherapy

(PPT), when systematically applied in the rehabilitation of Ukrainian veterans, can facilitate meaningful psychological recovery and posttraumatic growth. The combination of quantitative and qualitative findings supports the central assumptions of Nossrat Peseschkian's theory – particularly the transformative potential of actual capacities and the Balance Model – in contexts of severe stress and existential crisis.

Consistent with previous PPT effectiveness studies (Christ et al., 2021; Kirillov et al., 2023), veterans demonstrated significant improvements in adaptive personal resources following the intervention. The largest gains were observed in the primary actual capacities of patience and trust, along with positive changes in tolerance, conceptualized in this study as an interpersonal attitudinal indicator reflecting relational manifestations of actual capacity development (see Table 1). These findings suggest enhanced emotional regulation, interpersonal openness, and self-regulation among participants and support the resource-oriented logic of Positive Psychotherapy in post-combat populations.

The observed improvements in patience and trust should be interpreted as changes in primary actual capacities, in accordance with the theoretical framework of Positive Psychotherapy. These capacities reflect fundamental human potentials related to emotional regulation, interpersonal connection, and meaning-making. Tolerance, while not defined as a separate actual capacity in PPT, can be understood as an interpersonal attitude emerging from acceptance and empathy, representing a relational manifestation of capacity activation rather than an independent construct.

The observed enhancement in Balance Model spheres (see Table 2) indicates a shift from survival-oriented functioning to a more harmonious lifestyle. Improvements in the contact and body spheres suggest a renewed capacity for connection, emotional expression, and physical awareness – essential elements of psychosocial reintegration.

The significant increase in resilience and life satisfaction (see Table 3) aligns with PPT's conceptualization of health as the dynamic realization of inner resources (Peseschkian, 2016). Veterans who initially exhibited withdrawal, emotional detachment, or hypervigilance reported enhanced flexibility and optimism by the end of therapy. This confirms

that PPT not only mitigates symptoms of trauma but also restores the individual's sense of coherence and hope – a process parallel to Antonovsky's (1996) concept of salutogenesis.

Furthermore, the decrease in intrapsychic conflict indices demonstrates the conflict-transformative nature of PPT. Veterans learned to reinterpret contradictions such as dependence vs. independence and control vs. submission not as pathological dilemmas but as opportunities for personal learning and self-discovery. This outcome resonates with Peseschkian's (2016) view that every symptom expresses an unfulfilled capacity, and healing emerges through the positive reinterpretation of that conflict.

Qualitative data deepened the understanding of these transformations by revealing participants' subjective experiences within the therapeutic process (see Table 4). The theme of rediscovering meaning and values underscores the role of metaphorical storytelling and cultural narratives in reconstructing veterans' personal identities. Through the guided exploration of symbolic language, participants reframed traumatic experiences into stories of resilience and contribution. This process reflects what Kuprieieva (2022) called «time perspective integration» in PPT – linking painful past experiences with future-oriented goals.

The theme of restoring trust and emotional openness illustrates the interpersonal dimension of PPT's effectiveness. In group settings, veterans re-experienced empathy and solidarity, which counteracted social isolation and moral injury. As Eryilmaz et al. (2022) noted, PPT's emphasis on self-control and emotional communication enables individuals to reconstruct secure relational patterns. For Ukrainian veterans, whose wartime experiences often involved betrayal or loss, this restoration of trust was among the most healing outcomes.

The third theme, reestablishing life balance, confirms the applicability of the Balance Model as a guiding structure for rehabilitation. Veterans' reflections on redistributing attention across the four life areas – body, achievement, contact, and fantasy – illustrate the gradual reintegration of neglected aspects of the self. This multidimensional recovery aligns with the findings of Christ et al. (2021), who demonstrated that the restoration of balance is a reliable predictor of long-term well-being in PPT-based programs.

From a theoretical standpoint, this study validates the assumption that actual capacities can be systematically trained and reinforced through structured PPT interventions. The evidence supports the five-stage model (observation, inventory, situational encouragement, verbalization, and expansion of goals) as a replicable and culturally adaptable framework. Particularly in post-conflict settings, PPT's emphasis on intercultural values and resource activation aligns with veterans' need for identity reconstruction and moral reintegration.

Moreover, the results contribute to the ongoing evolution of PPT theory by extending its empirical validation to a population exposed to complex trauma. The integration of quantitative and qualitative outcomes highlights PPT's capacity to address both intrapsychic and systemic dimensions of suffering, thereby bridging individual healing with family and social reintegration.

Practically, these findings demonstrate that PPT can serve as an evidence-based component of veteran support programs in Ukraine. Incorporating PPT principles into group therapy, psychosocial training, and peer-support systems can enhance resilience, reduce posttraumatic stress, and improve family relationships. The structured use of the Balance Model provides clinicians with a concrete tool for assessing and monitoring clients' holistic progress.

Additionally, the results provide useful material for training and supervision in PPT. Future practitioners can utilize these findings to refine intervention protocols, focusing on the enhancement of trust, tolerance, and meaning-making capacities as primary therapeutic targets in posttraumatic contexts.

Several limitations must be acknowledged. First, the sample size ($N = 62$) limits generalizability, and the absence of a randomized control group calls for further controlled studies. Second, the relatively short post-intervention period does not allow assessment of long-term maintenance effects. Future research should include follow-up measurements, comparisons with other therapeutic modalities, and exploration of gender-specific responses to PPT among veterans. Moreover, neurobiological and psychophysiological correlates of actual capacity activation could provide deeper insight into the

mechanisms of positive change.

Overall, the findings affirm that Positive Psychotherapy represents an effective, culturally sensitive, and humanistic approach to psychological assistance for Ukrainian veterans. By combining quantitative evidence with veterans' lived experiences, this study contributes to the growing empirical foundation of PPT and demonstrates its adaptability to contexts of trauma, resilience, and meaning reconstruction.

Conclusion

This study provides empirical support for the effectiveness of Positive Psychotherapy (PPT) in facilitating psychological recovery and posttraumatic growth among Ukrainian veterans. The intervention significantly enhanced veterans' primary actual capacities, such as patience and trust, and promoted positive changes in tolerance understood as an interpersonal attitude, alongside improvements in resilience, life satisfaction, and overall life balance. Qualitative findings further highlighted participants' experiences of meaning reconstruction, restored trust, and reintegration across the four life spheres of the Balance Model.

These results confirm PPT's theoretical assumptions regarding the activation of actual capacities and the transformational potential of intrapsychic conflict when approached through structured, culturally sensitive interventions. The study demonstrates that the five-stage PPT model provides a replicable framework for guiding veterans from emotional distancing to active engagement, self-understanding, and personal growth.

In practice, the findings underscore the relevance of PPT for clinical work with war-affected populations, offering concrete strategies to promote resilience, psychosocial reintegration, and holistic well-being. Future research should examine longitudinal outcomes, controlled comparisons, and the broader applications of PPT across diverse post-conflict contexts. Overall, this study contributes to both the empirical validation of PPT and the advancement of culturally responsive psychological support for veterans.

References

1. Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. *Health Promotion International*, 11(1), 11–18. <https://doi.org/10.1093/heapro/11.1.11>
2. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
3. Christ, C., Mitterlehner, F., & Raisch, S. (2021). Recover your balance: Effectiveness research of Positive Psychotherapy. *The Global Psychotherapist*, 1(2), 12–21. <https://doi.org/10.52982/lkj146>
4. Chykhantzova, O., & Denchyk, A. (2024). Specific features of Ukrainian military personnel resilience and its relationship with Actual Capacities. *The Global Psychotherapist*, 4(2), 37–48. <http://doi.org/10.52982/lkj231>
5. Connor, K. M., & Davidson, J. R. T. (2003). Development of a new resilience scale: The Connor–Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 18(2), 76–82. <https://doi.org/10.1002/da.10113>
6. Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction With Life Scale. *Journal of Personality Assessment*, 49(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13
7. Eryılmaz, Ö., & Şimşek, H. (2022). Self-control and actual capacities in the context of Positive Psychotherapy. *The Global Psychotherapist*, 2(1), 34–43. <https://doi.org/10.52982/lkj156>
8. Kirillov, I. (2023). Evaluation criteria for psychosomatic practice. *The Global Psychotherapist*, 3(2), 57–69.
9. Kuprieieva, O. (2022). Features of the time perspective of students with disabilities. *The Global Psychotherapist*, 2(2), 25–30. <https://doi.org/10.52982/lkj168>
10. McGuire, A. P., Mota, N. P., Sippel, L. M., Connolly, K. M., & Lyons, J. A. (2018). Increased resilience is associated with positive treatment outcomes in veterans with PTSD and substance use disorder. *Journal of Traumatic Stress*, 31(1), 60–68. <https://doi.org/10.1002/jts.22302>
11. Peseschkian, N. (1987). *Positive Psychotherapy. Theory and practice of a New Method*. Springer-Verlag (Germany, USA).
12. Peseschkian, N. (2016a). *Positive family therapy*. AuthorHouse. Bloomington, USA: AuthorHouse. 428 p. (first published in 1986), Springer-Verlag, Berlin, Heidelberg (Germany).
13. Peseschkian, N. (2016b). *Positive Psychosomatics: Clinical manual of Positive Psychotherapy*. Bloomington, USA: AuthorHouserill
14. Sarı, T., Demirbağ, T., & Çalışkan, S. (2025). Building resilience through a self-help psychoeducation program based on Positive Psychotherapy: A pilot study with young adults in Türkiye. *Adversity and Resilience Science*, 6, 179–189.
15. Sarı, T., Eryılmaz, A. (2025). Positive Psychotherapy in PTSD and Post-traumatic Growth. In: Messias, E., Peseschkian, H. (eds) *Positive Psychiatry, Psychotherapy and Psychology*. Springer, Cham. https://doi.org/10.1007/978-3-031-94645-5_14
16. Serdiuk, L. Z., & Otenko, T. M. (2021). Ukrainian-language adaptation of the Wiesbaden Inventory for Positive Psychotherapy and Family Therapy (WIPPF). *The Global Psychotherapist* 1(1), 11-14.
17. Zimbardo, P. G., & Boyd, J. N. (2008). *The time paradox: The new psychology of time that will change your life*. Free Press.